

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026114

INDEXED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 219

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b XXXX 2 Mo.		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 221 W. 6th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cora Dee Wright				4. DATE OF DEATH Month August Day 7 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 7, 1878	
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Millersburg, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Aquill A Divers		13b. MOTHER'S MAIDEN NAME Mary Cheatum		14. NAME OF HUSBAND OR WIFE John Henry Wright Deed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Henry J. Wright, Fulton Drive in			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) interthoracic fracture left femur DUE TO (b) trauma due to fall in her room DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		Fulton, Mo.		INTERVAL BETWEEN ONSET AND DEATH 6/12/60			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetic mellitus, obesity, Hypertension, Hypostatic Pneumonia				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall in her room on 6/12/60			
20c. TIME OF INJURY Hour am Month, Day, Year June 12, 1960							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In her room		20f. CITY, TOWN, OR LOCATION Fulton		COUNTY Callaway STATE Missouri	
21. I attended the deceased from 6/12/60 to 8/17/60 and last saw her alive on 8/4/60		Death occurred at 8:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry D. M.D.				22b. ADDRESS Fulton, Mo.		22c. DATE SIGNED 8/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 8, 1960		23c. NAME OF CEMETERY OR CREMATORY Central Cemetery		23d. LOCATION (City, town, or county) (State) Callaway County, Mo.	
24. FUNERAL DIRECTOR Morgan Funeral Home, Fulton, Mo.		ADDRESS Fulton, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 12-1960		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 4713

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.